



**MINOR'S PER CAPITA TRUST
CANCELLATION - 100% OPTION FORM
2005, Quarter No. _____**



Minor's Full Name: _____ Roll#: _____

Date of Birth: _____

I, _____, being the parent or legal guardian of the above named child, submitted a 100% Option Form on _____. I hereby cancel this 100% option, so that 50% of my child/ward's future per capita payments, or such other percentage as approved by the Tribes, will be disbursed to me to be used exclusively for the health, education and welfare of the minor or ward.

LEGAL Custodial Parent or Guardian must sign:

Mother:

Print Name: _____ Sign Name: _____ Date: _____
(Authorized Parent or Guardian)

Father:

Print Name: _____ Sign Name: _____ Date: _____
(Authorized Parent or Guardian)

Guardian:

Print Name: _____ Sign Name: _____ Date: _____
(Authorized Parent or Guardian)

*****OFFICAL USE ONLY*****

Date Received: _____ Received By: _____